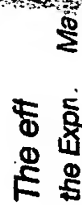


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\*S029462U3\*



DELIVERY (POSTAL USE ONLY)			Employee Signature	
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional mail services insurance is valid if a waiver of signature is requested. I wish delivery to be made without obtaining the signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**
☐ Weekend
 ☐ Holiday
 ☐ Customer Signature \_\_\_\_\_

Federal Agency Acct. No. or  
Postal Service Acct. No.

PHONE

TO: (PLEASE PRINT)

PHONE 4

**PRESS HARD.**

**PRESS HARD.**  
*You are making 3 copies.*

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